

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000013114**

1. Entity Name

ALL-TECH CO., INC.**FILED****Mar 27, 2001 8:00 am**
Secretary of State

03-27-2001 90005 010 ***150.00

Principal Place of Business

1840 POLK ST. 12
HOLLYWOOD FL 33020

Mailing Address

PO BOX 220227
HOLLYWOOD FL 33022-0227

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0570086**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROSS, KEVIN R E.A
~~1930 TYLER STREET~~
HOLLYWOOD FL 33020Name **R. KEVIN CROSS, E.A.**
Street Address (P.O. Box Number is Not Acceptable)
801 SOUTH FEDERAL HIGHWAY
City **HOLLYWOOD** **FL** Zip Code **33020**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	STREPEK, RICHARD J	
STREET ADDRESS	1840 POLK ST, 12	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowerers.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard J. Strepek
RICHARD J. STREPEK - 1/24/2001

Date

(954) 923-9841

Daytime Phone #

CR2E034 (10/00)